THE

MEDICAL EXAMINER.

A

Semi-Monthly Journal of Medical Sciences.

EDITED BY N. S. DAVIS, M.D., AND F. H. DAVIS, M.D.

No. XVII. CHICAGO, SEPT. 1, 1874. VOL. XV.

Original Communications.

OPHTHALMIC NOTES—CASES FROM PRACTICE.

BY A. D. WILLIAMS, M.D., ST. LOUIS, MO.

A GENTLEMAN was treated four or five weeks by a prominent surgeon in Louisville for supra-orbital neuralgia, but without success. At the end of that time, the man had occasion to go to St. Louis, and continuing to suffer, he called in his family physician, who also treated him several days for supra-orbital neuralgia, but likewise without success. In the meantime his eye became red, and his physician was kind enough to refer him to me.

Upon examination I found the smallest crystal of white sand bedded in the surface of the cornea. Its removal put an end to all his supra-orbital neuralgia.

When the patient saw the foreign body, he expressed a doubt that such a small thing could cause him so much and long suffering. But the result proved it to be even so.

Case 2.—Mr. D.—For two weeks during this hot weather, particularly during the hottest part of the day, his eyes have been a source of great annoyance to him. They were not particularly painful, but he would frequently have to stop on the street and close them for a short time, apparently to rest them. Then he could move on a distance and again stop and close them, and so on.

I found a very small particle of coal sticking in the surface of one cornea. After its removal the trouble disappeared at once.

Case 3.—Mr. P., a railroad laborer, was cutting railroad iron with a cold chisel. Some small substance struck him in the right eye hard enough to knock him down. As soon as he got up he noticed that his eye was almost totally blind. It soon began to pain him severely, and continued to do so

for three weeks. During these three weeks many physicians in the neighborhood of Springfield, Illinois, prescribed for him. In the meantime he fell into the hands of "The Twin Brothers," in Decatur. They, quack-like, promised a sure cure for so much money. The money was forthcoming, but the *cure* failed to come forth. At the end of three weeks the eye had ceased to pain him, but it remained practically blind—could only see fingers in some directions. So the man concluded to try his luck in St. Louis. His money being out (the Twins captured the most of it), he went to the City Dispensary and consulted the physician, who represents the board of health. He barely looked at him, and prescribed a solution of iodide of potassium: to take a teaspoonful three times a day, and return in three weeks. This did not satisfy the man, so he sought further advice.

Upon examination, I found that the eye was as bright as the other, not in the least red. The iris was discolored from iritis, but that had subsided. The patient could see fingers in some directions. The eye, as I have already stated, was not painful, and had not been so for several days.

The history of the case made me suspect that a piece of iron had gone into the eye. Near the equator of the ball, on its outer surface, I discovered a small black point, under the conjunctiva, about as large as a pin's head. Feeling this with the end of a probe, I found that it was a foreign body. I supposed it was a small piece of iron lying under the conjunctiva. I cut through the overlying conjunctiva, and got hold of the thing, but was not able to pull it out with the forceps. The effort to draw it out was intensely painful to the patient. I gave him chloroform, and made another effort to remove it with a larger pair of forceps, but without success. I found that the piece of iron had penetrated the sclerotic, and that had grown tightly around it, so as to hold it firmly. As I pulled the next time, I passed a knife in along the foreign body, and incised the sclerotic so as to enlarge the opening and allow it to slip out. This time I succeeded in removing it, and I must say that when it came out I was no little surprised at its unusual size. It proved to be over three-fourths of an inch long and one-fourth thick. It is remarkable that such a large, rough, ugly piece of iron could remain in the eye without causing very serious trouble. This had been in the eye for thirty days. For three weeks it was quite painful, but for several days previous to the time I saw him there had been no pain, and there was not even redness. The patient did not know, nor even suspect, that anything was in his eye. He supposed that some large object had struck him over the eye and fallen away. I should have observed above that the ophthalmoscope revealed nothing, as the whole interior of the eye was black from the escape of blood into the vitreous chamber. The only evidence of any thing being in the eye was the little black point under the conjunctiva, mentioned above. The piece of iron had entered endwise between the lids, without injuring either, and had passed upwards, backwards, and inwards, the internal end probably penetrating the inner wall of the eye.

There was hardly any redness following the removal of the foreign body. In seven or eight days the man left the city and went to work.

The vision was practically lost on account of the clouding of the vitreous humor by the escape of blood into it. The man could see fingers when he left. The form and appearance of the eye would be preserved.

In connection with this case I may barely mention an interesting case I had some years ago at Cincinnati:

The premature discharge of a blast in Ireland sent a fragment of blue lime-stone into a man's eye, and blinded it instantly. He suffered uninterrupted pain for sixteen years, during which time Sir Wm. Wylde operated on the other eye for cataract, but discovered nothing in the injured eye.

He came to me to know if any thing could be done for his operated eye, as he could not see well enough to work.

I found a piece of blue lime-stone in the injured eye, about the same length but thicker than this piece of iron. The stone had gone in sideways between the lids, and buried itself in the interior of the eye. The eyeball had gradually atrophied to a small stump, from the front of which one side of the stone was projecting between the lids. I loosened it by incising the sclerotic around it, and had no trouble to remove it. The man was no little surprised to see what a stone came out of his eye. The prospect of getting rid of the severe pain he had suffered for sixteen long years caused him to give such expressions of joy as can come only from an Irishman.

It is very strange that Wylde did not discover the stone at the time he operated on the other eye for cataract.

STRANGULATED FEMORAL HERNIA.

REPORT OF OPERATION BY CHARLES WINNE, M. D., SANDWICH, ILLINOIS.

PATIENT, Mrs. C., forty-three years of age, native of the United States; mother of four children; of spare figure and of average height; general health good; bowels usually costive. Has had right femoral hernia for twelve years, descending and returning spontaneously, or readily reduced by assuming the recumbent position and slight manipulation; has worn a truss for the last four years.

Sept. 13th, 1873.—Saturday—Patient arose very early in the morning and was working in the milk-room, when she felt a severe pain in the region of her hernia. She immediately attempted to return it in order that she might replace her truss, which had been forgotten upon arising, but failed after repeated attempts in bed. The pain increasing, with great nausea, she sent for her family attendant, a homœopathist, at eight A. M., who came and reduced the hernia, as he

said, the patient all the time protesting that he had not returned it. He then gave her a large dose of castor oil and left, telling her it would be "all right." He was called three times during the day, and each time, after repeated attempts and failures at reduction, he ordered large doses of castor oil and opium, and left: his patient suffering the most excruciating pain and vomiting almost constantly.

Sept. 14th.—Sunday, one A. M.—Dr. Winne was called to see Mrs. C., the homœopathist having been discharged at twelve (midnight). Dr. V. Vermilye was called in council. Patient had been suffering for twenty-one hours with a tumor as large as a hen's egg in the right femoral region; found her much prostrated; pulse frequent and irritable; respiration of a sighing character; patient in great agony; constant vomiting; face hard and pinched. Chloroform was given, the patient placed in proper position, and gentle attempts at reduction made. Failing in this, ice was applied, and farther attempts at reduction made. Still failing, at six A. M. an operation was decided upon. Two of Dr. Winne's office-students having arrived, the patient was fully anæsthetized, and an incision made transversely across the upper portion of the tumor, intersecting this by another carried down toward its base. The various layers were then cautiously divided down to the sac with the assistance of a grooved director, and attempts made to relieve the stricture without opening the sac, but without success. The sac was then carefully opened up to the point of stricture, and was found to contain a mass of omentum as large as a pullet's egg, underlying which was an intensely congested knuckle of intestine. The stricture was carefully divided with the knife, and the intestine and omentum returned within the cavity of the abdomen, and wound closed. After the operation the patient was very much exhausted and depressed. Her oft-repeated "Oh, I feel *so* bad," was relieved by a hypodermic injection of one-sixth of a grain of sulphate of morphia, and stimulants. Vomiting and nausea presisted for some time. Cold water dressings were applied to the wound for several days. The patient was kept quiet by hypodermics of morphia; bladder relieved by use of the catheter. Iced drinks were given the patient with lime-water, milk, raw eggs, etc. The patient rallied and did well until the fourth day, when she had symptoms of an attack of peritonitis; these were relieved by full doses of morphia. Soon after this the portion of omentum returned was found in the bottom of the wound, sloughing. It sloughed entirely away and the wound filled up by granulation. The patient made a good recovery, and in two weeks was considered out of danger. When the patient was convalescing there was a tendency to return of the hernia, and she had to wear a truss. At present writing the patient is perfectly well and enjoying excellent health.

CHLORAL, HYPODERMICALLY.—Dr. John Bartlett states, as a result of his experience, that as an hypodermic remedy, chloral is abominable. At the point injected there appears a black slough-like spot set in the skin, whitened, as if frozen. Intense inflammation of spot succeeds; no slough occurs.

Editorial Department.

PLAGIARISMS.

ONE of the secular journals of our city recently published an editorial notice of the plagiarisms found in the Valedictory Address delivered at the last Annual Commencement of the Rush Medical College of our city. In this article, reference is made to the late exposure in the columns of the EXAMINER, of the plagiarisms discovered in an address incorporated with the transactions of our State Society.

The facts collated by the secular paper alluded to, are facts, indeed. They had come to our knowledge some time before the exposure was made public, and we had verified their truth by actual comparison of the published address with some of the pages, from which entire paragraphs had been taken without acknowledgment by the use of quotation marks or authors' names.

We have delayed calling attention to it mainly through fear that our motives might be misunderstood; but it is the plain duty of the medical journalist to call attention to any and all instances of violation of those rules that should govern writers in relation to the works of others, for in no other way can professional honor and literary fairness be maintained.

The author of the Valedictory Address, like the authors of the addresses before the Illinois and Michigan State Medical Societies, is a personal friend, for whom we have entertained the highest respect. Furthermore, we know all these gentlemen possess abundant ability and command of language, to do justice to any subject without borrowing from others. Hence, we have been all the more surprised and chagrined on seeing their productions sent forth to the world, so largely made up of the unacknowledged language and thoughts of others. Our chagrin has been further deepened by the fact that these gentlemen occupy positions in the profession which should make them scrupulously careful of the example they set. There can be no sectarian feeling in considering a question of this character. We all share in the honor reflected upon us by those who distinguish themselves and our common profession in the world of science or literature, and we do none the less proportionately suffer when one of us is dishonored in the eyes of the public. No one of us can, if he would, release himself from the sensitive and sympathetic bond that unites us. Each of us enforces it by an honorable and useful career. Each of us subjects it to a test, when he is guilty of an unjustifiable act. And of all men, those who hold official and honorable positions, should be the last to allow either indolence or ambition to so far beguile their consciences or obscure

their sense of propriety, as to exhibit themselves before the public in borrowed plumage. Detection, sooner or later, is certain. We need indulge in no word of harshness towards the author of the address which has elicited these remarks. Detection and public exposure is sufficient punishment. We would not add to its severity or make it more unendurable. We discharge our duty to the medical public by acknowledging the facts to which we have referred, and we sincerely trust that the example may finally end the abuse of confidence of which he is guilty, who addresses himself, either orally or in print, to his fellow medical men, in thoughts and words that are borrowed without credit from the stores of wisdom accumulated by others with infinite toil.

INTERNATIONAL MEDICAL CONGRESS.

WE have been requested to call the attention of the profession to the fact that the fourth session of the "International Periodical Congress for the Advancement of the Medical Sciences," will be held in the city of Brussels, Belgium, on the 6th of September, 1875. The circular issued by Prof. E. Warlomont, of the Royal Academy of Medicine, of Belgium, General Secretary of the Congress, gives in full the details of the proposed re-union, which will continue for one week. Delegates from Medical Associations, national and foreign, will be admitted by forwarding their credentials to the General Secretary, and will have the exclusive privilege of taking part in the discussions.

Members of the Congress will be assigned to five sections: the first, on Medicine, Surgery and Obstetrics; the second, on Military Surgery; the third, on Hygiene; the fourth, on Ophthalmology; and the fifth, on Pharmacology: each member being assigned to that section which he shall designate, and to more than one if it shall be so desired.

Those who are to present reports to the sections, will be designated by the committee appointed for that purpose; but other reports and communications will be received, not announced in the special order, the subjects of which are germane to the field assigned to each section. The definite conclusions adopted by each section will be submitted to the General Assembly by special reporters, selected by the former from among their number.

Those who desire to present communications on subjects not included in the order of business, must apply for permission to do so, at least one month before the session of the Congress, to the General Secretary. Permissions will be obtainable from the Committee on Organization, which will decide, also, as to the order of such extrinsic business.

Each speaker will be limited to twenty minutes in the discussion of a single question, but this limitation

will not apply to the reporters of the Congress. All papers read before the Congress will be placed at its disposal, and, after its session, the Committee on Organization will decide as to the partial, total or non-insertion of such papers in its published transactions.

Although the French will be the language employed in the discussions of the Congress, members will be permitted to express themselves, if desired, in other languages. If it be considered expedient, interpreters will be employed to translate on the spot the communications addressed to the Assembly in such other languages.

The above is a brief summary of the facts represented in Prof. Warlomont's circular, which we thought might be of interest to the readers of the EXAMINER. The editors will be pleased to give any further information in regard to the Congress which may be sought by those who conclude to take a special interest in its transactions.

Communications to the General Secretary may be addressed to "M. le Dr. Warlomont, 152 Rue Royale, á Bruxelles, en Belgique."

CHICAGO MEDICO-HISTORICAL SOCIETY.

A SPECIAL meeting of this Society was held in the parlor of the Tremont House, Thursday evening, August 20th. The Secretary stated that on the Monday evening previous he had mailed to each member of the Society a proof sheet containing the list of regular physicians in the city of Chicago, as passed upon by the Society at its previous meetings. This was done in order that members who had not been present at all of the previous meetings, might have an opportunity to scrutinize the entire list, and, at the present meeting, to call for a reconsideration of any names to which they might take exception.

Unfortunately, however, by some fault of the Post-office, these lists reached the members only on Wednesday evening, or during the following day, Thursday, a few hours previous to this meeting called to finally consider them.

It was suggested, therefore, that the final action on the list be postponed for one week, in order that the names might be more thoroughly canvassed and the necessary facts and evidence obtained regarding the doubtful cases. This proposition was, however, overruled by the Society.

Several names previously missed or passed over for want of information, were brought up, and being favorably endorsed, were passed for admission to the list.

The vote of admission was also reconsidered in quite a number of instances, and the standing of the parties more fully canvassed. The names of two or three of the younger *wrong-doers*, poor, friendless, and with nobody to advocate their cause, were expunged.

The most objectionable names on the list, however, including several open, acknowledged and universally

recognized advertising quacks and charlatans, were either not called up at all, or, when brought forward, were defended by the eloquent appeals of a certain clique who privately favor and sustain, although they have not the courage to openly advocate, the irregular and unprofessional practices of these men.

We fully expressed our opinions in the last number of the EXAMINER regarding this so-called list of regular physicians, which has been passed upon and endorsed by the Chicago Medico-Historical Society.

The attempt at this last meeting to revise and correct the list, proved an utter failure, and, as now ordered for publication, it stands essentially the same as when previously criticised by us. A more just or reasonable action is scarcely to be expected from this Society as at present constituted and officered.

Under the circumstances there is but one honorable course left for the respectable regular members of this Society to pursue; that is, to withdraw at once their names and influence, and thus allow the irregulars and quacks, and those who lower themselves to their level by advocating their recognition, to stand responsible for their own action, in the publishing of this *Register and Directory*.

F. H. D.

Correspondence.

INFLUENCE OF CLIMATE ON DISEASE.

MESSRS. EDITORS: I propose to follow a former letter to your journal by a cursory account of some of the acute diseases which I have treated in this city.

The advantage to accrue from accumulating medical observations taken in different latitudes and climates, rests wholly upon the proposition that climatic conditions affect the clinical career of diseases. It is now some years since Boudin published a paper in the "Annales d'Hygiene Publique," entitled "Recherches sur l'Acclimatement des Races Humaines sur divers points du Globe." This article commences with this enquiry: "Is man the cosmopolite he has heretofore esteemed himself to be, or do the preservation of his life and the propagation of his species depend upon climatic conditions bearing more or less close relation to those of the land of his birth?" Whatever postulate the well man may choose to assume in regard to his capabilities to support or enjoy life, in any and all climates, the physician who changes his latitude, or who serves a community whose pursuits require exposure in different latitudes, soon learns how important it is for his success, to obtain the cue to those particular manifestations which are due to climate or race.

It is a fact, almost universal to our profession, that when acute inflammations become a topic of discussion,

"pneumonia" is selected as affording the best examples for illustration. Aside from the force of professional custom, as determining a precedent, there are, in my opinion, other and more important reasons why the study of this disease essentially bears upon questions connected with climatic influences upon acute disorders.

Three propositions may be stated which cover the whole ground. The first of these holds that in warm climates certain morbific agents, by their greater abundance or activity, increase the liability to pneumonia. While it is generally admitted that exposure to low thermometric readings is the most prolific cause of pneumonia in cold latitudes, it must be remembered that falls of temperature, relatively as sudden and considerable, likewise occur in this latitude. Pneumonia is, consequently, with us, a disease mostly prevalent during the cooler half of the year. Prof. Chaille's compilation of mortality statistics of New Orleans, shows that in the five years ending with 1870, there occurred 1028 deaths from pneumonia during the half years ending with April, against 617 during the half years ending with October.

But in addition to variations of temperature, there is diffused over every square mile bordering the lower third of the Mississippi, an agent more mischievous against human health and life than all others combined. This is malarial poison. Does it increase liability to attacks of pneumonia? I add my opinion most emphatically to that of the learned Greisinger, that it does. This opinion rests both upon observation and analogy. The proofs furnished by observation I will not undertake to lay before your readers, as they are too voluminous for mere desultory letters. The proofs afforded by analogy, may be found in that close resemblance in blood changes, between the malarial cachexia and the cachexia of Bright's disease. All of us admit that Bright's disease increases the frequency of attacks of pneumonia in common with inflammations of other surfaces.

The second of these propositions holds that the morbific agents, alluded to in the first proposition, exert a very unfavorable effect upon the mortality of pneumonia occurring during their presence in the system. Whatever discussions may be considered proper before accepting or rejecting the first proposition, the truth of the second cannot be questioned. The degree to which one of these agents is capable of influencing the death rate of pneumonia, will be shown as we progress.

The third proposition is, that long-continued exposure to the heat of warm climates, by diminishing constitutional vigor, renders pneumonia a more fatal disease in warm climates than in those which are colder and more bracing. All physicians know that the functional lesions of pneumonia entail upon the human economy, an amount and variety of derangement of chemistry which scarcely any other disease can inflict. It thus becomes a most extraordinary test of the constitutional vigor of its subjects.

However our short-comings may be attempted to be explained, it is certainly true that we invariably fail in obtaining such gratifying results in the treatment of pneumonia, as those which Bennett boasts of in Edin-

burgh, or of the surgeon in the British army while stationed at Montreal.

Prof. Chaille shows that the proportion of deaths to cases treated in Charity Hospital, during ten years, was two in five. These figures relate to the whole hospital, and cannot, therefore, be chargeable to any individual imperfections of treatment. Again, taking my own hospital service for seven half years, beginning October 1st and ending April 1st, and the proportion of deaths reduced to Prof. Chaille's rule of estimate, was a little under one and three-fifths for each five cases. We had, however, no selection of cases, and those brought in when moribund are included in the count.

The most common and serious complication was malaria. This is recognized to be so universally present, that I never begin the treatment of a case of pneumonia without administering free and repeated doses of quinine, immediately succeeding the action of a mercurial or saline purge, if such medication was demanded. I gave from a scruple to half a drachm in doses of five to ten grains every third hour. If pain was a prominent symptom, or even if it were not present, and there was no contra-indication, I combined five grains of Dover's powder, or its equivalent in some other form, with each dose of the quinine. The contra-indication to opium in pneumonia in this climate, is the bronchorrhœa and pulmonary œdema often present. Blisters I very seldom resorted to. More often I used, for urgent pain, a hot turpentine stupe. In every case I kept the chest continually enveloped with a sheet of oiled muslin, under which was neatly applied a band of flannel preferably wrung from warm water before its application. For excessive fever I used digitalis, veratrum viride, or aconite. Patients were encouraged to drink largely of lemonade, generally made of a diluted infusion of flax-seed instead of water. If I desired a gentle effect upon the bowels, a teaspoonful of bitartrate of potash was used to each tumbler of the lemonade. The patient's nutrition was made a point of special attention, and all adynamic symptoms were met by concentrated diet and alcoholic stimulants. Carbonate of ammonia was much prescribed. I was never able to satisfy myself that either the carbonate or the acetated solution possess the virtues ascribed by Dr. Chambers. In two cases death was hastened, if not principally produced, by heart-clot, which was diagnosed, in one instance, twenty hours before death. Large doses of carbonate of ammonia were given, for at that date Richardson's doctrines were neither recanted nor disputed. No apparent benefit resulted.

I have never been able, practically, to verify the statements made by some writers in regard to the occurrence of *intermittent* acute inflammations. While, without violence to known pathological laws, we admit that the revulsion of a malarial paroxysm is quite sure to aggravate any co-existing inflammation, no case has occurred to me in which I was able to perceive that the progress of the inflammation was limited to the malarial paroxysm.

I have always observed the strictest watchfulness in order to prevent the recurrence of malarial paroxysms during the progress of pneumonia, or

during convalescence from it. Any increase of the discrepancy between morning and evening temperature would furnish an indication for quinine. Even if this did not exhibit such indications of waxing malarial influence, I generally considered it a good rule to give from ten to fifteen grains of quinine every third day.

In looking over my private practice for three years, I find that I have treated ten cases of pneumonia, one of which resulted fatally. Three of this number were of the negro race, and the fatal case belonged to this group. The negro's constitution succumbs to attacks of acute disease more readily than the white man's, and this is especially true in regard to pneumonia. But as this letter has already reached greater length than designed, I will leave the discussion of this point to a future number.

Respectfully,

MEDICUS MERIDIONALIS,

Prytania St., New Orleans, July 20th, 1874.

AN IMPROVED SPECULUM.

By Daniel T. Nelson, M.D., Prof. Physiology and Histology Chicago Medical College.

So many forms of uterine speculum are now to be found in the stores, one may well hesitate to add to the number—already legion. But this variety demonstrates both the progress of gynecology and the probable fact that a perfect speculum has not yet been made.

The one I now offer the profession is very well represented by the accompanying wood-cut.

As will be seen, it is more like Nott's latest than any other instrument. It differs from Nott's in having the lower blade longer and of better shape to receive the neck of the uterus, and in having handles for elevating and holding the upper blades.

The measurements of the instrument are as follows: Lower blade, $4\frac{1}{2}$ inches; extending beyond upper blades 5-8 of an inch; length of instrument, including handles, $7\frac{1}{2}$ inches. The upper blades are made shorter than the lower to correspond with the anatomy of the parts, as the posterior vaginal wall is longer than the anterior.

Some object to Nott's, and doubtless will to this instrument, that it is too short. But no physician has any difficulty in reaching the os uteri, except in rare cases, with the index finger, the available length of which rarely exceeds three and one-half inches, and the lower blade of my instrument is four and one-half inches in length and the upper blades nearly four inches. If the os is not exposed when the instrument is ex-

panded, the difficulty is not in the length of the instrument but in its position, or because it is not sufficiently expanded to raise the anterior wall of the vagina.

To introduce the instrument: The patient reclines on the back upon the gynæcological chair, with the hip near the edge of the chair. Having ascertained the position of the os uteri, grasp the speculum with the right hand with the fore-finger resting upon and projecting beyond the lower blade, and hold the handles vertical. Then carefully introduce the fore-finger into the external organs and follow it with the instrument. When the instrument has passed beyond the external organs, it should be rotated so the handles shall lay horizontally; then, pushing the lower blade along the posterior wall of the vagina, it will pass under the posterior labium of the os. Then, compressing and bearing downwards and backwards upon the handles, the anterior vaginal wall will be raised and the os exposed, when the handles can be fastened by the thumb-screw. The instrument is self-retaining when sufficiently expanded.

If the os is not at first exposed, the instrument, partially expanded, may be withdrawn a little so as to allow the lower blade to pass under the os; or the os may be raised by the fore-finger inserted through the expanded instrument, by raising the anterior wall of the vagina, there being ample room for the fore-finger to pass between the expanded upper blades. Or the os may be raised into the field of the instrument by a Simpson's sound, or like instrument, used as a lever. When the os is exposed, the uterus may be held in the field by a tenaculum, which can be fastened to a hook on the right upper blade.

My tenaculum is the same as Nott's, except that it has a handle like an applicator. When the tenaculum is fastened into the anterior labium of the os from below upward, it rarely is felt at all by the patient, and the little hæmorrhage which may occur will be of no disadvantage. The advantages claimed for this speculum are:

1. Its length is such as to expose the uterus *in situ* by bringing it *nearer* the external organs, rather than pressing it deeper into the pelvis as do the longer instruments.

2. Thus giving a *better light*, which is often of great importance, especially when the physician is obliged to visit the patient at her home.

3. The instrument is so short, and the upper blades expand in such a manner as to readily allow of the rectifying of any malpositions of the uterus through the expanded instrument, which is impossible in all the long instruments.

4. A large portion of the *vaginal walls* are exposed for examination and treatment, if needed, and by rotating the instrument the whole may be exposed.

5. While the blades are short, they are capable of expanding the vaginal walls more than any of the short instruments, and, indeed, more than most of the long ones.

6. The urethra and meatus are not pressed by the instrument, but lie between the upper blades, where they may be readily examined and treated if necessary.

I am under obligations to Mr. E. H. Sargent for the mechanical beauty and perfection of the instrument, and

for the interest he has taken in its success.

The speculum may be seen at Sargent's, 785 Wabash ave., cor. Sixteenth St., Chicago, and at Codman & Shurtleff's, Boston, Mass.

1108 Indiana avenue.

UNIVERSITY OF VIENNA. — It is announced that Prof. Rokitansky is about to retire from the chair of Pathology in this University. Prof. Von Recklinghausen, of Strasburgh, has been invited to become his successor.—*Med. News.*

BERLIN NOTES.—NO. II.

A CLINIC WITH BARON VON LANGENBECK.

By M. P. Hatfield, M.D.

SCENE I., 1:45 P. M.—Large, shabby amphitheatre; seats broad, wooden stairs, uncomfortable enough to have been chosen for Patience's smiling place; students scrambling for the best places; air full of tobacco smoke and expletives.

Scene II., 2 P. M.—Sudden silence and respectful rising on the part of the students. Looking down in the cock-pit, we see in the midst of his attendant "practical physicians," a gray-haired, well-preserved, soldierly old man. It is Herr Prof. von Langenbeck, elegant in dress and address, and of manners most courtly—except when sorely tried; *e. g.*, he bows to the students and selects from the list one who is expected to make a diagnosis and prescribe the treatment necessary for a little baby that has just been laid upon the operating table. Herr B. has, unluckily, not made a specialty of spina bifida. He utterly fails in diagnosis, and, when, hard pressed for treatment, he suggests that a section be taken out of the spinal column, the baron's righteous indignation knows no bounds. Baby has a carbolized dressing applied, and poor B. flies incontinently to the upper back seats.

Case No. II is brought in upon a stretcher, and proves to be a young woman with a hideous protrusion of the left cheek. Examination reveals a tumor—probably malignant—in the antrum; hence excision of the upper jaw is determined upon. A la Nussbaum, Langenbeck then proceeds to perform tracheotomy, making fast to the tracheal tube about three feet of rubber tubing. This communicates with a chloroform inhaler, which is placed outside the crowd about the table, thus giving the one administering the anæsthesia plenty of elbow-room. The patient's mouth is now plugged; Langenbeck makes a curved incision downward from the inner angle of the eye to the tip of the ear, and removes the superior maxilla at his leisure. The hæmorrhage, of course, is great, until checked by means of hot irons, under which the tissues siss and hiss like St. Lawrence on his gridiron, but the operation was *wunderschon.* What is left of the patient's face is sewed together, a flap is brought down from her forehead to

fill a gap near the inner canthus and the girl is carried away, happily unconscious of all that has happened.

[N. B.—During the whole of this operation, as in almost all that we saw at Berlin, chloroform was given without stint and seemingly pushed to a dangerous extent. Nevertheless, this woman made a good recovery, was not greatly disfigured, and at last accounts was walking about the hospital wards.]

Case III. is necrosis of the ankle, requiring Syme's amputation of the foot. This is performed exactly as laid down in the books, except that the schlauch-tourniquet is used. This hose tourniquet, as you may know, consists essentially of two to three feet of small rubber hose—about an inch in diameter—and a long, strong, elastic bandage. The latter, beginning at the toes, was applied so closely that nearly all the blood was driven before it out of the limb. The bit of hose was then twisted around the leg—over the femoral artery—as tightly as two men could pull it, and secured by means of a hook and chain in its ends. On removing the bandage the limb was found pale and exsanguineous, and hence the operation was almost literally bloodless. No doubt this was in part due to Langenbeck's skillful fingers, but we doubt if with any other tourniquet even the best of surgeons could have amputated a foot with so little hæmorrhage. Except a little cutaneous oozing, the cutting was as clean and easy as if it had been done upon smoked beef, and the amputation performed with a neatness and dispatch very unlike the previous operation. Then, of course, it would have been injudicious to wind a schlauch about the patient's throat, but in all operations upon the limbs the hose tourniquet has proved a valuable and efficient aid to the surgeon. But is there no drawback to its use? Yes, there is always somewhere a weakest spot, and here it consists in possible paralysis. We have no account of any bad effects following its use in amputations, but on looking over our notes we find a case where paralysis seemed to result from its use in a tedious operation for anchylosis of the elbow. In lecturing upon this case Langenbeck alluded to another, in private practice, where persistent partial paralysis of the hand occurred after prolonged pressure of the rubber tube upon the brachial plexus. These were the only cases in which he had observed evil results, and with these two exceptions—both in the upper extremity—Herr Prof. von Langenbeck has always secured the most fortunate results, and esteems the schlauch tourniquet as one of the most valuable discoveries of modern surgery.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

REGULAR MEETING, AUGUST 10, 1874.

Reported by Ralph E. Starkweather, M.D.

DR. A. Fisher was, upon motion, called to preside, the two Presidents being unavoidably absent, when the hour for business arrived.

The names of Drs. H. N. Hurlbut and F. L. Wadsworth were proposed for membership, and referred to the Board of Censors. Dr. Etheridge read an exceedingly interesting article, which he had translated from the *Progres Medical*, being a paper by Dr. H. Chauppe on the Therapeutical Study of Ipecac when used in the Sweats of Pulmonary Phthisis. The paper will appear in full in a subsequent number of the EXAMINER.

Dr. D. A. K. Steele, of the County Hospital, reported the following four cases of land scurvy, treated in the medical wards of Cook County Hospital:

Case 1st.—E. M. J., aged thirty-five; cabinet-maker; native of Norway; admitted July 25th; states that he has been in this country nine years; suffered from rheumatism before coming to this country; was perfectly well on the voyage; for five years he enjoyed pretty good health, with the exception of an occasional attack of intermittent fever; for the past three or four years he has been boarding himself, living in the basement of a barn, it being a cold, damp and dirty room, and sleeping in his clothing on a bench; working at his trade when he could obtain anything to do; subsisting on bread and meat, with occasionally a glass of ale and porter. For the past two years his diet consisted almost exclusively of salt pork, ham, rye bread and coffee. He has eaten no vegetables whatever, and the low state of his finances precluded the use of the ale and porter. He was subject to melancholy and habitually low spirited, and paid no attention whatever to personal cleanliness. Six weeks ago he commenced to have pain in his back and side, and his arms and legs became stiff. The following week he began to have severe headache and constant thirst; his bowels became costive. Four weeks ago he noticed that his mouth became sore and his teeth loose, four of them falling out; he was unable to masticate his food; the gums became swollen and painful; had an offensive taste in his mouth.

On admission: The patient is of medium height, sanguineo-nervous temperament, and presents a pale, exsanguinated appearance; skin dry and harsh; pulse 88 per minute, weak and compressible; respiration 24 per minute; temperature 98°; appetite good; bowels costive, having

moved only twice in the last four weeks; he urinates readily, the water being high colored and somewhat scanty; complains of pain and stiffness of the legs, difficulty in mastication, with some pain in the chest and shortness of breath. On examination, find the tongue pale and flabby; gums swollen and spongy, almost covering the teeth in some places, and bleeding very readily; breath very offensive. The lower extremities are covered with large blotches of ecchymosis, most marked posteriorly; there is also some degree of ecchymosis around the left eye. Below the knees the legs are covered with a petechial eruption; the limbs are somewhat œdematous, the serous infiltration of the tissues around the knee-joint interfering with perfect flexion and extension of the legs. On physical examination of the chest, find the heart somewhat atrophied; a soft blowing murmur follows the first sound, at both base and apex. The lung sounds are nearly normal. Expiration is slightly prolonged.

Case 2nd.—T. C., aged 8, schoolboy, U. S., admitted July 27th, states that he has been living in a Catholic Orphan Asylum for the past year. He was well until five weeks ago, when his gums became swollen, bleeding easily; teeth became loose, and the legs swollen and painful. His diet at school was composed of meat, bread, soup, &c., but vegetables were entirely excluded; slept in a clean, airy room, and bathed the entire body once daily.

On admission: The patient is a bright, well-nourished lad; skin rather sallow; tongue pale; appetite good; bowels costive, moving but once a week; stools dry and hard. On examination, find patient's gums swollen, spongy and soft, nearly covering the teeth; teeth loose; breath fetid; find the legs œdematous; blotches of ecchymosis about the popliteal spaces, and a purpuric eruption below the knees. For the past few weeks he has been troubled with incontinence of urine.

Case 3rd.—J. N., aged 9, schoolboy, U. S., admitted July 30th.

He has had the same diet and hygienic surroundings as the previous patient, being an inmate of the same institution. He was well until two weeks ago, at which time his mouth became sore; the gums became swollen and bled easily; the teeth became loose, two of them dropping out. Soon his right leg became stiff and he had pain in the knee, it becoming swollen, and ecchymosis occurring upon the posterior aspect of the leg. He felt weak, and easily became exhausted.

On admission: The patient is emaciated and anæmic in appearance; tongue pale; conjunctivæ pearly and bloodless; appetite fair; bowels costive, moving only twice in two weeks; pulse 120 per minute; respirations 28; temperature 98½°.

On examination, find the gums swollen, spongy and tender; right knee stiff and painful from serous and synovial infiltration about the joint; both legs are slightly œdematous, and covered with petechial spots below the knees.

Case 4th.—S. M., aged 8, schoolboy, U. S., admitted July 30th. He also had the same diet and hygienic surroundings as the the two previous

patients. He was well until ten days ago, and since that time he has manifested symptoms similar to those of the previous patient.

On admission: Patient seems fairly nourished, but the tongue is pale and flabby and the conjunctivæ pearly. Complains of sore mouth; bleeding of the gums; looseness of the teeth; pain and stiffness about the knee-joints; appetite good; bowels regular. On examination, find legs and thighs œdematous and ecchymosed; knee-joints stiff; purpuric eruption below the knees.

These patients were ordered a vegetable diet, with acid drinks, and tincture of the chloride of iron. Locally, used a mouth wash of permanganate of potash, one grain to the ounce of water. Under this treatment they have steadily improved, the ecchymosis, œdema, purpuric eruption and stiffness of the legs gradually disappearing. They have attained a ruddy, healthy appearance, very much in contrast with the sallow, exsanguinated appearance they presented on admission. They have been allowed to go out and take plenty of exercise in the open air every day.

Considering, then, that scurvy is one of the most difficult diseases to cure, and noting the prompt alleviation of the symptoms in these cases, under the use of abundant vegetable diet, moderate exercise, and remedies calculated to supply the deficiencies existing in the blood, we present the cases above detailed as an addition to the literature of the subject.

Dr. Hyde brought before the Society the subject of prescribing proprietary medicines or remedies—a practice so largely on the increase in this city, that six out of nine of the prescriptions received by the average grade of drug stores (perhaps not so large a proportion by the best class of stores), ordered proprietary medicines, and even named the makers of the goods. He entered his protest against such practice, and against the swarms of traveling salesmen who throng into the offices, peddling their samples of medicines, repeating their glib stories with tiresome sameness. Thus they go the rounds, month after month, and leave their bottles behind them, hoping, by donating a few samples, to increase the demand for their goods. What is the effect upon the wholesale drug-dealer? His stock will be made up of *proprietary medicines*, one-sixth; *patent medicines*, one-third; *paints* and *oils*, one-third; and the balance, *one-sixth*, of *drugs* and *medicines for prescriptions*.

Dr. Hay suggested a remedy which he had persistently applied; he orders the drug peddler out of his office and throws the medicines out after him.

Mr. A. E. Ebert, a leading druggist of this city, Editor of the *Pharmacist*, and lately President of the American Pharmaceutical Association, was present, and, by request, addressed the Society substantially as follows:

Twenty years ago the wholesale druggists sold, in equal quantities, drugs and patent medicines. Fifteen years ago, the fluid extracts and preparations of the so-called "Elegant Pharmacy" became the fashion. In 1860, the U. S. Pharmacopia fixed the strength of fluid extracts, but no honest, conscientious pharmacist can prepare them and compete successfully with the dishonest manufacturers.

Mr. Ebert exposed the vagaries of the elixir and the sugar-coated pills business, and various adulterations. One of these consisted in taking the silver coin of the country and making the same into nitrate of silver: in one case he found one ounce of pure copper in thirteen of nitrate of silver. The makers of many articles of "Elegant Pharmacy" cannot, by any exertion, sell their goods in their own cities. The people are learning to do without physicians, and can go to the stores, look at the medicines and buy whatever they choose. It injures the physician and degrades the pharmacist—makes middlemen of them—and kills off all incentive to accurate, scientific, honorable pharmacy. The only way in which to quell this evil is to cease mentioning names of makers, and to order only the officinal remedies authorized by the U. S. Pharmacopia.

Dr. Hay said that the remarks of Dr. Hyde and Mr. Ebert suggested the relations which ought to exist between the druggist, pharmacist and physician. After referring to the attacks lately made by secular papers upon the profession, alleging that physicians were defrauding the public and their patients by collusion with druggists, from whom they received a commission on prescriptions and other perquisites, he said: "If these charges are true, it is quite time we should relieve ourselves of the odium; if false, let us refute them. I am interested in the profession—its standing, its integrity, honor, and the confidence it receives from the public, which is the sole basis on which it rests." He had made some investigations which had induced him to think that the charges, as made, were true. He would, therefore, introduce the following preamble and resolutions, which were passed without one negative vote, in a meeting of above the average attendance of members:

WHEREAS, The medical profession of Chicago, on several recent occasions, has been charged in the Chicago *Times* with collusion with pharmacists, for the purpose of extorting money from their patients; and,

WHEREAS, This collusion is alleged to be effected in various ways; such as

1. The use of prescription papers bearing the business cards of pharmacists.

2. The occupation of offices free of, or at nominal, rents adjacent to or belonging to pharmacists.

3. The writing of private formulæ understood by certain pharmacists exclusively.

4. The acceptance of commissions upon prescriptions from pharmacists; and,

WHEREAS, The practices above designated, although deprecated by many, always have been maintained by many others, innocently and in good faith, unsuspicious of their abusive application; therefore, be it

Resolved, That the Society of Physicians and Surgeons of the City of Chicago recognize the fact that the practices above designated tend to the degradation and demoralization of the medical profession, to the diminution and withdrawal of public confidence, upon which its existence depends.

Resolved, That the members of this Society pledge themselves, as individuals and as an organization, to discontinue the practices above designated, so far as they may have adopted them, and to discountenance them in others so far as their influence may extend.

Resolved, That the Society regards the acceptance of commissions upon prescriptions, by physicians from pharmacists, positively disreputable and dishonest, and to be deemed a

sufficient cause for the rejection of an applicant for, or the expulsion of a holder of, membership herein.

Dr. Jackson, in seconding the adoption of the resolution, said that it was a growing evil, and so far as it rests with us, we should shake it off.

Dr. Hamill—I heartily concur with the sentiment of the resolution.

Dr. Etheridge—The evil is imaginary rather than a real one. He had called on a few of the leading druggists, such as Bliss & Sharp, Dyche, Sargent, Buck & Rayner, and found that they never allowed commissions. He was astonished to find so little of it. The *Times* reporter circulated among the lower classes of physicians and druggists: it is the charlatans who bring these charges upon us. Are we not fighting a phantom?

Following remarks by Drs. Hamill and A. Fisher, Dr. Jackson said he hoped the practice was much less than was alleged, but thought that where there was so much smoke there must be some fire, and alluded to an incident where a medical friend of his had a bottle of perfumery and a roll of bank bills presented to him by an apothecary as a commission for prescriptions. The money was indignantly returned, and his friend forever afterwards withheld his patronage from that druggist.

The following resolution was proposed by Dr. Hyde:

Resolved, That a committee of three be appointed by the chair to co-operate with a similar committee from the Chicago College of Pharmacy (should such be appointed), in order to consider what, if any, measures are requisite in order to correct the great and growing evil in our midst of the prescribing of proprietary medicines, by name or otherwise, and of the accepting of samples of such medicines as are distributed in this city by the agents of eastern wholesale drug-houses. And that such joint-committees (should concurrence be had) report in full to the Society for such action in the premises as may seem to it desirable.

Dr. Hay seconded the resolution.

Mr. Ebert was of the opinion that the College of Pharmacy would co-operate.

Dr. Wilder gave details of a case where a druggist, who had probably never seen the inside of a medical or pharmaceutical school, took charge of a labor case, but finding it a complicated one, became frightened, and sent purposely to a physician other than the one regularly attending the family.

The resolution was passed by an unanimous vote, and Drs. Hyde, Hay and Etheridge were appointed as such committee.

Dr. Jackson, on behalf of the Fee Bill Committee, reported a schedule of rates for fees. The Committee were directed to confer with a similar committee of the Chicago Medical Society.

Upon motion, the Society adjourned.

SANITARY NOTES.—The whole science of hygiene may be included in the one word CLEANLINESS. The removal of refuse of all kinds, solid, liquid, and gaseous, is embraced within it, and pure air and water become a necessary result of the operation. It is a trite saying, "Nature abhors a vacuum," or, more correctly, it may be said, Nature always *supplies* a vacuum. Whenever we remove foul matter, stagnant water, and superfluous dust, we admit air, and generally far purer air, and water, to take their places.—*Sanitarian for September.*

CHICAGO MEDICAL SOCIETY.

REGULAR SEMI-MONTHLY MEETING, AUG 3, 1874.

Reported by Will. T. Montgomery, M.D.

DR. QUINE read a paper presenting the most important facts from a record of a number of cases of puerperal metritis, metro-peritonitis and puerperal septicemia, which had occured in Cook County Hospital. In the cases presented, the line of distinction between the three diseases was pretty clearly drawn. With reference to treatment, blisters and poultices to the abdomen were used in all cases. The chief treatment in the cases of simple metritis was veratrum or aconite, combined with opium sufficient to relieve pain; and attention to cleanliness. The cases of puerperal septicemia were treated substantially as typhoid fever. The opium treatment was used in the cases of metro-peritonitis. In two cases that recovered, half drachm doses of morphine were given for several days in succession. The pulse was kept between four and eight in the minute. To one patient seven grains of morphia were given several successive hours, and for two days previously five grains were administered every hour. The morphine was gradually withdrawn three days before death, and while it was used no effect was noticed on the pulse or respiration. Veratrum was faithfully tried,but invariably increased the frequency and diminished the fullness of the pulse. Quinine had a marked effect in diminishing the intensity of the fever. His experience was decidedly in favor of opium and quinine.

Discussion—Dr.C.M.Fitch had seen five well marked cases of puerperal fever, and all were fatal. He related a case following abortion which forcibly impressed him with the contagiousness of the disease. All he had read on the subject had been eminently unsatisfactory. Dr. Jacobson had seen local depletion, by means of leeches to the abdomen used a great deal, but had not been encouraged to use it in his own practice. He had seen good effect from the use of collodion to the abdomen. There is a great difference in regard to prognosis, in different epidemics. Little can be done after the disease is well established. We cannot exercise too much care in the prevention by contagion. He thought the disease often arose from products of the uterus, retained by inertia, and recommended the use of ergot in cases of faulty contractions. Two cases he had seen in which the death of the fœtus seemed to have been the cause of the disease. Dr. T. D. Fitch had had but little experience with the disease in private practice. He agreed with Dr. Jacobson in reference to the importance of prophylaxis. Patients may be infected by the physician after making autopsies, or attending erysipelatous cases. The greatest care should be observed in disinfecting the hands and clothing. He coincided with the views of Dr. Jacobson with regard to the retained products of the uterus and ergot. He is particular to give ergot in all cases in which there had previously been post partum hem-

orrhage or inertia. Injury to the parts may be an exciting cause of the disease. As regards mortality, much depends upon the severity of the epidemic. In the treatment of puerperal cases he secures an early evacuation of the bowels—prefers castor oil. He did not use vaginal injections unless the discharges were offensive. He usually began the treatment of the fever by giving veratrum in four-drop doses, and increased the dose until the pulse was brought down to sixty or seventy. In malignant cases, veratrum would not reduce the pulse, and stimulants were indicated. He used blisters, but never bleeding, and withdrew the veratrum as the case progressed. Heroic doses of opium were less to be advised than those sufficient to control pain. Dr. Stillians had never had a case of fever in a patient which he had delivered, and had flattered himself that it was due to his management of his patients. He used vaginal injections in all his labor cases. Dr. Strong had seen eight cases; six died and two recovered. One of the cases that recovered was leeched, and in the other, stimulants and quinine were used. Dr. Paoli said that we labor, under the delusion that these cases sometimes recover, he did not believe any well marked cases ever recovered, and he did not believe any gentleman would aver that he had seen such recover. He did not believe it was always possible to distinguish between the different puerperal diseases. Bleeding and veratrum do not have any curative effect, but only control the severity of the symptoms; so with quinine. No medicines had any curative effect in this disease. A thorough examination will always discover pus in the blood of the puerperal fever cases. Dr. Millard had never been able to distinguish between puerperal fever and peritonitis; he had had success from venesection in the treatment of these cases. He considered complete contraction of the uterus after delivery most important.

Dr. Taggart had seen the veratrum and opium treatment used in an epidemic in Buffalo, with unsatisfactory results. Dr. Van Buren did not know what puerperal fever was; he had been taught from books that it is an inflammation; if we knew just what it is we might treat it intelligently; if there was any truth in the poison theory, he thought it was important to secure firm contractions of the uterus; he had never seen but one case of the fever, and that died. Dr. Etheridge inquired as to the large doses administered in one of the cases reported. Did the patient really take seven grains of morphia for a number of hours in succession? Dr Quine responded that the dose was gradually increased to seven grains, and repeated a number of times; such heroic doses were only administered in the one case. Some important points had been brought out in the discussion, that were not alluded to in the paper; first, as to the contagiousness and nature of the disease. He had used the term generically, and did not think there was any connection between puerperal fever and other inflammations; the poison may enter the system through any open blood vessels. Puerperal fever might occur before confinement. He had never communicated the disease, and latterly had not used great care. The specific virus may be readily communicated by one, and not by another. One midwife had recently furnished him eleven malignant cases.

He had seen cases in which the injudicious use of cathartics seemed to aggravate the disease, and hasten a fatal termination. He had used quinine and nux vomica in cases of inertia with good effect. Quinine was the most efficient remedy in restraining the disease, and he administered it to cinchonism. He had also used stimulants in most cases. Pain was not a marked symptom, and he did not give opium for its anodyne, but for its specific, effect upon the inflammation. He was as sure as he could be without autopsy, that he had seen true cases of puerperal fever recover.

Dr. Mary Thompson asked: Is it right for a physician to go from a case of eruptive fever to a case of confinement?

Dr. Paoli answered in his usual positive manner, "No!" After miscellaneous business was disposed of, a motion to adjourn prevailed.

Gleanings from Our Exchanges.

ENGLISH MEDICINE, MEDICAL BOOKS AND AUTHORS—AMERICAN BOOKS IN ENGLAND—JOURNALS, ETC.

London Correspondence in the Clinic, August 1st, 1874.

WHATEVER may be said of the work done by the physicians of other nationalities, it must be admitted, I think, that the place filled by the contributions of English medicine is one of the largest and most important. Billroth, a typical German, and, as everybody knows, one of the foremost medical men of our time, pays a just tribute to English physicians when he declares in his introduction to his Surgical Pathology, that the most important contributions to our science have been made in England. The conservatism, the cautious habit of the English mind, and, I may add, its honesty, have, it is true, apparently hindered the development of English medicine, but have certainly established on a firmer basis all the improvements in our science and art coming from English sources.

The English medical authors, as I have intimated in previous letters, are chiefly the younger men, who alone have the time to undertake original investigations or to engage in the labor of literary composition. The book, whether intended to represent practical or scientific medicine, whether a compilation of existing knowledge on the subject treated of, or intended to put forth the results of experimental research, is usually a venture made by the author himself with the object of improving his position in the profession and of introducing him into practice. There are but few London medical men who devote themselves exclusively to scientific medicine, and the most of the really satisfactory work in this direction is accomplished under great disadvantages by those who are struggling into practice.

Most of the English medical works are pecuniary ventures of their authors, and no risks are assumed by the publishers. I was informed by Dr. Beale that he personally superintended every stage in the publication

of his works, selecting paper and type and witnessing the making and printing of the illustrations. The sale of the book, if successful, reimburses the author for his expenditure, but the chief recompense comes from the increased business which the book brings. Not unfrequently a book on some special disease or group of diseases, is put forth merely as an advertisement. One may see in the secular press, especially in the *Times*, advertisements of these works with commendatory notices annexed. This mode of bringing themselves before the public, employed, too, by reputable men, has, however, been recently sharply rebuked by the medical journals, and has been officially inquired into and condemned by some of the societies.

Whilst it is true that the physicians of the United States have been so largely dependent on English sources for their supplies of medical information, it is now quite apparent that a small but increasing current of medical literature is setting in from the United States to England.

The medical journals of London are very powerful and influential. The number of weeklies is a clear indication of the intellectual activity of the medical profession. There are three great weeklies — the *Lancet*, *British Medical Journal*, and the *Medical Times aad Gazette* — all representatives of British medical opinion, but preserving individual peculiarities and appealing to different influences in the profession for support. The *Lancet* has the largest circulation, especially amongst lay readers, and is to be found in all of the club houses, public libraries and in many private houses. The old animosities which were excited by the *Lancet* at its foundation and for a few years subsequently, have entirely disappeared. The paper is owned by the Wakleys, the two sons of its founder. With success it has become conservative, but is still independent. It is edited, not by the Wakleys, the owners, but by young men, able, sprightly and rising writers, employed by them for this work. As a consequence of this system, the editors are frequently changed, but the policy of the paper remains the same. The *Lancet* has become quite a valuable property and nets, it is said, five thousand pounds per annum.

The *British Medical Journal* is the organ of the British Medical Association, and has the support of that powerful body. This journal has probably the largest circulation in the profession. It is very ably edited by Mr. Earnest Hart. Besides conducting the *British Medical*, Mr. Hart edits two other weekly journals, *The Medical Record* and *The Sanitary Record;* the first named being made up chiefly of abstracts of important papers published in foreign journals, and the last named being devoted to subjects in sanitary science. It would be quite impossible for one man to perform this enormous labor unless he possessed the facility of Mr. Hart in this kind of work, and relinquished all other engagements except editorial as Mr. Hart does.

The *Medical Times and Gazette* has a much smaller circulation than the other great weeklies, but it is a journal of very lofty tone and represents the more conservative elements in English medical politics. It has been a long time edited by Dr. Druitt, the well-known author of the text book on surgery. Ill-health lately compelled Dr. Druitt to seek relief in the climate of Madras, and during his absence the journal has been extremely well conducted by Dr. Cholmoley. I have heard that Dr. Druitt has recently returned, much improved in health, and that he will again undertake the editorial management of the journal.

There is another very lively little monthly journal published in London entitled *The Doctor*. It is owned and edited by Chapman, the spinal ice-bag man. It is very independent, rather saucy, and represents the opinions of a few *guerillas*, who are at war against the existing medical status. Chapman is also owner and editor of the *Westminster Review*, a

quarterly journal which represents whatever is most radical in English politics, morals and religion. Beside the editorial charge of the periodicals, Chapman is a general practitioner, using his spinal ice-bags, chiefly, I believe, in the treatment of disease.

Besides the weeklies, there are two quarterly medical periodicals, *The British and Foreign Medico-Chirurgical Review* and *The Journal of Mental Science*, and a monthly, *The Practitioner*, edited by Dr. Anstie. The patronage extended to so many journals published in one city, certainly justifies the remark that it indicates a high degree of intellectual activity. The elevated tone of these journals, their keen regard for the interests of the medical profession, and their hearty condemnation of whatever is low and unworthy in the conduct of medical men, demonstrate their fitness for the important position which they assume as representatives of English medicine.

DELIRIUM TREMENS.—M. Magnan, in a communication to the *Societe de Biologie* (quoted by Dr. R. Lepine in the, *Gazette Med. de Paris*, 1873, No. 22), gives the following thermometric characters of the grave and mild forms of *delirium tremens:*

In the milder form the temperature hardly exceeds 38° cent. (100.4 F.) It oscillates about this figure, but does not notably exceed the normal temperature. If, therefore, the temperature of the patient during the first two or three days does not exceed 38.5°, it may be taken for granted that he will not succumb to that attack. The progress of the temperature is altogether different in the grave type of the disease. It rapidly reaches 39°, oscillating between that figure and one more elevated for two or three days, then rising to an ultimate height of 40 or 41° (104, 105.8° F.). Death occurs soon after the appearance of this increased temperature. It is also in this form that is observed another symptom, insisted upon by M. Magnan—a sort of general tremor of all the muscular fibres.

M. Magnan has also called attention, in his lectures at Ste. Anne, to the hemi-anæsthesia which is sometimes observed in chronic alcoholism, and of which he had observed seven cases within a few years.

In one case well marked, the force was much diminished in the limbs of the right side and the sensibility was entirely lost, there being not merely anæsthesia of the skin, but also loss of the muscular and tactile sense, the sight, smell, and taste: only the hearing remained on that side and that is much impaired.

M. Magnan, principally from the observations of Turck, believes the lesion which produces so remarkable a hemi-anæsthesia, can be localized in the optic thalamus, though its exact nature, owing to the want of autopsies, remains at present unknown.

M. Magnan's article at length in *Gaz. Med. de Paris*, No. 24, June 14, 1873.

BOOK NOTICE.

ARCHIVES OF DERMATOLOGY.—G. P. Putnam & Sons announce a new quarterly journal under this title, to be edited by L. Duncan Buckley, M. D., assisted by a strong corps of collaborators in the various special departments. The first number is to appear about October 1st. Subscription price, $3.00 per annum.
